



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
BEC CODY MLA (CHAIR), VICKI DUNNE MLA (DEPUTY CHAIR), CAROLINE LE COUTEUR MLA

Inquiry into referred 2017–18 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Caroline Le Couteur: To ask the Minister for Health

Ref: ACT Health, Discharge planning, Output 1.5: Rehabilitation, Aged, and Community Care

In relation to: Discharge from hospitals into homelessness

1. The ACT Health Annual Report 2017-19 states that a strategic priority under Output 1.5 is “improving discharge planning to minimise the likelihood of readmission or inadequate support for independent living, following the completion of hospital care” (p97).
 - a. What mechanisms does ACT Health use to identify patients at risk of being discharged into homelessness?
 - b. What procedures does ACT Health follow if they are aware that a patient is at risk of being discharged into homelessness?
 - c. Are there any ACT Health staff, including social workers, or other service providers that are engaged by ACT Health to work with hospital patients prior to discharge whose work includes a focus on assisting patients’ discharge into homelessness?
 - i. Of these, are there any that have a specific focus or expertise in assisting patients who may be at risk of being discharged into homelessness, or who are brought in to work with patients who are at risk of being discharged into homelessness?
 - ii. If so, please provide information on how many staff perform these roles, and in what capacity?
 - iii. Are representatives from other organisations, such as specialist homelessness services, ACT Housing, or community housing providers engaged by ACT Health or asked by ACT Health to provide assistance to patients who may be at risk of being discharged into homelessness?
 - iv. If so, is this done over the phone (for example a call to One Link), or face to face in the hospital?
 - d. Does the Post Hospital Support Program (p98) provide assistance to patients who have been discharged and are experiencing homelessness?
 - i. Does or could this include outreach to people that are sleeping rough, as well as people that may be discharged into specialist homelessness services or into couch surfing or overcrowding?
2. At the Health, Ageing, Community Services (HACS) Committee’s hearing into the ACT Health 2017-18 Annual Report, Minister Fitzharris noted, with regard to hospital patients being discharged into homelessness, that ACT Health is “involved in broader pieces of work and being undertaken up in Housing ACT and CSD and I believe there is some work underway to look at issues around this in a policy sense.”

- a. Please provide information about any work that ACT Health is currently planning or that is being undertaken regarding patients that may be at risk of being discharged into homelessness.
 - b. Please provide information about work that that ACT Health is aware of that ACT Health is currently planning or that is being undertaken by Housing ACT and/or the Community Services Directorate regarding patients that may be at risk of being discharged into homelessness.
3. If this is not already taking place, has ACT Health given any consideration to providing funding to or engaging existing specialist homelessness services to provide advice and assistance to patients at risk of being discharged into homelessness?
 4. Has ACT Health or another ACT Government directorate conducted or commissioned work that aims to calculate the health impacts for patients, and the financial and resourcing impacts on the ACT's hospital system, of discharging patients into homelessness?
 - a. If so:
 - i. Did this work address different types of homelessness (overcrowding, couch surfing, rough sleeping)?
 - ii. Did this work investigate the impacts on patients to access and complete any post discharge treatment?
 5. Does ACT Health collect information about where patients are being discharged to?
 - a. If so, could you please provide this information for each of the last three years by:
 - i. Number, gender, and age of patients; and
 - ii. Type of accommodation people discharged into, e.g. aged care, own home, staying with family, homelessness (specialist homelessness service, sleeping rough etc.)?

Ms Fitzharris: The answer to the Member's question is as follows:–

1.
 - a) The Canberra Health Services (CHS) Social Work and Psychology Teams work with clinical teams around discharge planning for vulnerable patients. This includes access and referral plans to support access to community services, and discharge is planned to coincide with the operating hours of those services. Ongoing care outside the hospital setting may be provided by Community Health or Hospital in the Home service.
 - b) CHS works with a range of Government and non-Government service providers to link people with the appropriate services they may need on discharge. This needs to be tailored for each individual case, taking into consideration individual circumstances.
 - c) Yes, as per answer to 1.a.
 - i) While there is no dedicated specialist homelessness worker, a team of social workers provide a targeted response that seeks to establish an immediate safe discharge destination for the person.
 - ii) Canberra Health Services Social Work team is made up of approximately 30 staff.
 - iii) Social workers will work with the patient to identify referral linkage between services such as Onelink homeless gateway, Link2Home (NSW) and Domestic Violence Crisis Service (DVCS). In addition, to assist the person address other psychosocial issues which are contributing to their risk of homelessness, Social Workers will also refer to support services which may include drug and alcohol services, legal and financial support services (Legal aid and Centrelink currently provide a weekly in-reach service at TCH), counselling services etc. Acute support social workers have a close working relationship with the homelessness sector and attend regular network meetings to continue to strengthen working relationships.
 - iv) Referral is primarily over the phone, but may include written referral.

- d) The Rehabilitation, Aged and Community Care (RACC) Division within CHS, works closely with non-government organisation, Community Options who provide the Post Hospital Support Program (PHSP). Normally, support is provided to these clients at a family member's home where they may be residing temporarily, migrant shelters/hostel or homeless shelter. Community Options have also assisted a number of people resolve or access safe and sustainable housing options.

2.

- a) The ACT Health Directorate is involved in the Cohort Study Steering Committee (the Committee), led by Housing ACT, looking at the Support Requirements and Accommodation Options for People with High and Complex Needs. The role of the Steering Committee is to:
- ensure strategic perspectives are brought to bear on the design, commissioning and conduct of the project and its main deliverable (the 'Cohort Study');
 - promote cross-directorate understanding of and involvement in delivery of the Government's commitment;
 - ensure an appropriate communications and consultation plan is prepared and that appropriate arrangements for stakeholder involvement are in place; and
 - provide guidance on project management including direction, progress, risks, and issues.

ACT Health Directorate is also working closely with CSD, other jurisdictions and the Commonwealth to address health interface issues with the NDIS, including ensuring sufficient and timely supports are available for people with disability on discharge from hospital. NDIS Mental Health interface work is looking to improve options for people exiting hospital to access accommodation and associated supports. However, the ACT Health Directorate does fund several services to support clients with accommodation options such as:

- CatholicCare: STEPS is a residential program run in partnership between CatholicCare and Child and Adolescent Mental Health Services for young people between 13-18 years old experiencing moderate to severe mental health distress. Support is provided 24 hours per day for up to three months.
- GROW ACT: provide a supported residential mental health recovery/rehabilitation program; mental health promotion programs through self and mutual help GROW groups within the ACT; and a GROW ACT information service.
- Wellways Australia Limited who provide:
 - Adult Step Up/Step Down Supported Accommodation - a recovery-focused residential program that aims to prevent relapse and assist people in recovery from an acute episode of mental illness. Support is provided up to three months.
 - Youth Mental Health Step Up/Step Down Supported Accommodation - a recovery-focused residential program that aims to prevent relapse and assist people in recovery from an acute episode of mental illness. Support is up to three months.
 - Women's Program – a program of short to medium term accommodation for women over the age of 18 years with a mental illness. Support is provided up to 12 months.

- b) As provided in question 2a)

3. As provided in 2a), work is currently underway and will be ongoing.

4. The current focus of ACT Health's work, as indicated in earlier answers, is on assisting those who are at risk of discharge into homelessness. ACT Health is not currently conducting analysis on the impacts of discharging into homelessness.

In 2017, Canberra Health Services completed an internal quality activity which involved the review of social work referrals for patients presenting as homeless referred by the TCH Emergency Department. This activity looked at the multi-factorial presentations of consumers and the interventions provided for patients prior to their discharge. Consideration was given to different types of homelessness and the effectiveness of current processes for service linkage. Following this activity, it was suggested that a strengthening of relationships between health professionals and the homelessness services sector to occur to provide a more coordinated approach to support with services including Street to Home program, Early Morning Centre, Oasis youth homeless services, Homeless shelter, DVCS and ACT Housing – allocations team).

In 2019, the CHS Chief Allied Health Officer has proposed to fund the development of a quality improvement project which will trial a case-coordination approach for consumers presenting to ED who have been identified at highest risk and aims to measure whether a case coordination approach can reduce presentations to ED. This project will involve clinicians across mental health, Drug and alcohol health services and will aim to engage active participation from homeless service providers.

5. ACT Health Directorate does not collect information about where patients are being discharged to. Canberra Health Services endeavours to source suitable accommodation for homeless patients, however each individual decides whether the accommodation suits them.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:



Date: 20/12/17

By the Minister for Health and Wellbeing, Meegan Fitzharris MLA